TESTIMONY on HB 7027 – February 23, 2017
Re: Mental Health Grants, Regional Mental Health Boards, CLRP, School-Based Health Centers

Senator Formica, Senator Osten, Representative Walker, and esteemed members of the Appropriations Committee:

My name is Margaret Watt and I am a resident of Norwalk and the Executive Director of the Southwest Regional Mental Health Board. I am testifying on HB 7027, An Act Concerning the State Budget for the Biennium Ending June 2018. **I am concerned about further cuts to mental health services, the Regional Mental Health Boards & RACs and CT Legal Rights Project, as well as School-Based Health Centers.** I will focus on the mental health part of the budget but have attached a 2-page briefing note that we prepared a couple of years ago about the demonstrated value and impact of school-based health centers*, including their ability to reach underserved minority populations.*

I realize the budget problem you are facing is enormous, and the social services appear to be one of the few areas where cuts can be made. But when services get cut back, needs don't go away—they just get worse. In mental health, people who can't receive adequate care in the community often end up in the hospital—at a far higher cost, literally thousands per day—or homeless or even in prison.

I want to make you aware that **the DMHAS grants account has already been cut by 25% just since Sandy Hook, and this year it faces another $4.7 million cut. This would be on top of the $14 million in annualized holdbacks to DMHAS, which has already had significant effects in the community.** Local providers are stretched thin yet report more people seeking help, and also that people have more intensive needs. One state agency in Fairfield County that serves the poorest people and those with highest levels of need is already operating with half the staff they had three years ago, and their clients report an impact on access to care.

The Governor's budget further proposes to save $1.2 million by "consolidating the regional advocacy groups." This is a reference to the Regional Mental Health Boards and the Regional Action Councils. I would like to clarify two important points: We're not all "advocacy groups" doing the same thing; and this cut would not consolidate us, but put us out of business—it's essentially all our state funding.

There are 5 Regional Mental Health Boards, one per region of the state, with under 2 full-time employees each, and yet we each touch hundreds of lives each year directly. We were created by the legislature as a watchdog group: our role is to bring together all stakeholders in our communities to identify mental health program needs, evaluate services, organize new initiatives, and recommend improvements at the regional and state level. Our evaluation role is going to be all the more important as DMHAS continues to privatize services, because we will be the mechanism that provides independent community oversight.

The state invests only $584,000 for the work of the RMHBs, yet our grassroots process and regional needs assessments are required for CT's federal grant that brings in $23 million in federal funding. Our work has led to the creation of a statewide Young Adult Services program, the TurningPointCT.org project, policy and program changes at local and regional levels, and even now we're working on new legislation.

The 13 Regional Action Councils play a different but also important role at the sub-regional level, educating, funding, and supporting Local Prevention Councils to raise awareness and develop programs to prevent substance abuse and suicide. The Regional Mental Health Boards and RACs cooperate on many awareness and education programs and help promote each other's work, but this represents an expansion of our efforts rather than a duplication of services.

Finally, the CT Legal Rights Project is a vital legal service for people with severe mental illness who often depend on public programs for their housing, employment, and other matters but may not always know or be able to advocate for their rights. **The proposed cut of $388,000—a relatively small amount in the budget, but enormous for CLRP—would eliminate CLRP's housing advocacy and severely impact their ability to serve this vulnerable population.**

We understand that *reductions* are necessary, but if you *eliminate* these programs—which are not provided by anyone else—our communities will lose their voice in planning and monitoring the behavioral health system, and individuals with severe mental illness will be at risk.

It was your predecessors in the State Legislature who created the Regional Mental Health Board system over 40 years ago, in response to civil rights abuses in the state psychiatric hospitals. Please preserve this and CLRP as critical protections within the mental health system.

Please see also attached briefing note prepared in December 2014 by the Southwest Regional Mental Health Board about mental health in schools, with particular reference to the sections on School-Based Health Centers (page 2).

SWRMHB Briefing Notes: Mental Health Priorities

Mental Health in Schools

Why Focus on Mental Health in Schools?

- Young people spend most of their time in school. The middle and high school years are when most mental illnesses start—on average, at age 14. [1]
- Almost one-quarter of high school students report symptoms of depression. [2]
- Suicide is the 2nd leading cause of death in young people. [3]
- In CT, Latino youth are at particular risk for suicidal ideation, as well as substance use and disordered eating patterns. [4]

In southwestern CT, the teen suicide rate is at its highest level ever, with 5 teenagers dying by suicide during the 2013-14 school year. A 2014 study of Bridgeport teens found that 23% had attempted suicide. [5] Child Guidance of Southern Fairfield County reported a 58% increase in crisis calls during July-December 2013 compared to the previous year.

[1]National Institutes of Mental Health; [2]Youth Risk Behavior Surveillance System; [3]Centers for Disease Control and Prevention; [4]CT Suicide Advisory Board; [5]RYASAP

Too often early signs go unnoticed, leading to greater severity of symptoms. Failure to identify and meet the needs of students with mental health concerns results in disruptions to academic instruction, exacerbation of social and behavioral problems, and high rates of school exclusion due to suspension, expulsion, and even arrest. Children's school success is associated with their wellbeing and life outcomes.

The Role of Mental Health Promotion

With training, teachers, administrators, and school staff who have daily interactions with this age group can be a part of prevention and early detection. Students themselves can also play a role in awareness, prevention, and peer support. Schools can further support mental health promotion by serving as a conduit of information and resources to families.

The CT legislature recommended Mental Health First Aid (MHFA) training for school resource officers, and many districts are now offering suicide prevention programs as well as training to foster social-emotional development. From 2011-2014, a SAMHSA grant under the Garrett Lee Smith program provided for mental health screenings, Question-Persuade-Refer (QPR) suicide prevention trainings, and QPR trainings-of-trainers. Mental health promotion is on the agenda of the new CT Children's Behavioral Health Plan as well as of advocacy groups statewide, and was a primary concern of Fairfield County participants in last year's Community Conversations on Mental Health.

The Role of School-Based Health Centers (SBHCs)

School-Based Health Centers (SBHCs) offer a convenient "one-stop shop" for teens to access mental health services along with primary care, immunizations, medication, and in some cases dental care. All children enrolled at the site school may use the SBHC, regardless of income or health care coverage. Focus groups show that most adolescents prefer accessing care in this setting, which is culturally and developmentally responsive, easy to access, and confidential.

School Based Health Centers in Connecticut

- Currently there are 84 SBHCs in Connecticut, out of more than 1100 schools statewide.
- Schools provide approximately 70-80% of mental health services received by children in Connecticut.
- 36% of students made 2-5 visits to the SBHC per year; 15% made 20 or more visits.
- 28% of all SBHC visits were to the social worker.
- More than 40,000 annual visits were made specifically for mental health needs.
- Among students served, more than 5000 had one or more identified mental health need.
- For students insured by Medicaid, each visit to the SBHC saves an estimated $35 in Medicaid costs.

Source: CT Association of School Based Health Centers

School Based Health Centers Have a Record of Success

Research has demonstrated that school-based health centers represent cost-effective investments of public resources:

- A current Issue Brief by the CT Association of School-Based Health Centers found that SBHCs are more effective than community-based services at reaching Latino and African-American males.
- A 2012 Policy Statement by the American Association of Pediatrics reported that students served by SBHCs had 85% fewer discipline referrals, 50% less absenteeism, and increased graduation and promotion rates, especially among African-American males.
- A Johns Hopkins University study found that SBHCs reduced inappropriate emergency room use, increased use of primary care, and resulted in fewer hospitalizations among regular users.
- A study of Medicaid-enrolled children served by a SBHC in Georgia found that the total annual expense per individual for the SBHC was $898.98, as compared to $2360.46 for individuals without a SBHC.
- The number of hospitalizations and emergency department visits decreased for children with SBHCs in Cincinnati schools (2.4-fold and 33.5% respectively) – with an estimated savings of nearly $1,000 per child.

Legislative Action in 2014

Bill ***SB415*** was introduced in 2014, and would have expanded access to a greater continuum of health care services, including mental health services for students at several schools, by increasing the numbers of School Based Health Centers. The bill acknowledged that enhanced access to care has been proven to improve academic outcomes and would enhance the school environment. ***The bill was not called in the Senate.***

What Can Legislators Do?

- Require training on social-emotional development and mental health for teachers and teachers in training.
- Support funding and policies to continue evidence-based awareness programs such as Mental Health First Aid, QPR, or Parents & Teachers as Allies to all school personnel, students, public servants, and the general public.
- Support expanding SBHCs to all middle and high schools and making their services available year-round.
- Promote early detection through mental health screenings in schools.
- Support funding for in-service training to school-based social workers and psychologists to increase evaluations and referrals to community-based systems.